

## BROCK UNIVERSITY FACULTY OF APPLIED HEALTH SCIENCES Appendix B: MA/MSc Student Progress Report

## All MA/MSc graduate students must complete and submit this report electronically to the AHS Graduate Administrative Coordinator at mastersahs@brocku.ca.

Student Name:			
Student Number:			
Program:			
Entry Date (month/year):		Funding Term Ending Date (month/year):	
Advisory Committee (provide email for non-Brock faculty)			
Supervisor:			
Member:			
Member:			
Course Requirements and Grades			
Required Course: AHSC 5N01 – Grade (select one): PASS FAIL			
Research Methods:	Mark:		
Elective Course Code 1 :		Mark:	
Elective Course Code 2:		Mark:	
Elective Course Code 3:		Mark:	
Date coursework completed (month/year):			
Thesis Proposal			
Thesis Proposal Title:			
Date of Proposal Defence:			
Committee Members Present:			
Proposal Approved:		Result (select one): PASS FAIL	
Ethics Review(s) (select as appropri	ate)		
Human Ethics Review Required:	Yes	No	
Animal Protocol Review Required:	Yes	No	
BioHazard(s) Review Required:	Yes	No	

Date Ethics Approval Received:		
Protocol Number:		
<b>Thesis Progress:</b> Please communicate each milestone of your thesis progress with your committee.		
Date Data Collection begun:		
Date Data Collection complete:		
Date Data Analysis complete:		
Date First Draft of Thesis submitted to Supervisor:		
Committee Approval of Thesis for Defence		
Date of Meeting:		
Supervisor submits the Appointment of External Examiner Form-Thesis is Ready for Defence:		
Thesis Defence Date:		
Approved External Examiner Name:		
Chair of Defence:		
Defence Results:		
Result (select as appropriate): PASS FAIL		
Supervisor's Approval:		

Date:

Comments: